of the partner notification method. Services should be flexible enough to utilise the patients' preferred method of partner notification.

CONTRIBUTORS

AA initiated the study and performed the data analysis; AA, KW, and SD were principal investigators and participated in the management of the study; all authors were involved in data collection and contributed to the preparation of the manuscript.

Two further tables are available on the *STI* website (www.stijournal.com/supplemental)

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ECHO

More endoscopists improve outcome for upper GI cancer

Please visit the *Quality and Safety in Health Care* website [www.qshc.com] for a link to the full text of this article.

More endoscopists may be the answer to better outcomes for upper gastrointestinal (GI) cancer, as recent improvement seems to owe more to the introduction of nurse endoscopists than the UK government's two week wait scheme for a specialist consultation, according to doctors in one cancer unit.

True enough, the odds of curative resection increased significantly (odds ratio 1.48) in their unit in the two years after the scheme was introduced compared with the two years before, and curative resections for early (stage 1 and 2) cancers rose from 47 to 58. But only two patients (5%) of 38 diagnosed with the cancer out of 623 referred under the scheme had early stage disease compared with 56 (27%) outside it. Furthermore, just over a third of patients with early stage cancer had symptoms consistent with the referral criteria in the scheme, but only two of them were referred under it.

When the scheme was implemented at Norfolk and Norwich University Hospital, in September 2000, it coincided with appointment of two full time nurse endoscopists, which reduced routine waiting times for endoscopy—and probably accounted for the improvement.

Under the scheme guidelines for urgent referrals for upper GI cancer were issued to general practitioners to ensure timely specialist evaluation. Detecting the cancer early is key to curative treatment, but symptoms can be unreliable. This may be why reducing times for routine endoscopy may be the best option.

The UK government has been under pressure to improve its poor record on upper GI cancer outcome in western Europe.

▲ Spahos T, *et al. Postgraduate Medical Journal* 2005;**81**:723–730.